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PATENT NUMBER

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O.I.P.E.

PATENT DATE

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TM

APPLICANTS

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Implanted hearing aids

III

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<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS		CLAIMS ALLOWED	
	Sheets Drawg.	Figs. Drawg.	Print Fig.	Total Claims
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed. <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____	_____ (Assistant Examiner) (Date)		NOTICE OF ALLOWANCE MAILED	
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